

ITHA THOROUGHBRED RACE HORSE RETIREMENT

NAME OF HORSE: _____

AGE OF HORSE: _____

SEX OF HORSE: _____

OWNER OF HORSE: _____

TRAINER OF HORSE: _____

VET FOR HORSE: _____

DATE OF LAST RACE: _____

DATE OF LAST WORK: _____

DATE OF LAST WORMING: _____

DATE OF DENTAL WORK: _____

DATE OF LAST VACCINATION: _____

REASON FOR RETIREMENT: _____

DONATION FOR HORSE _____ **AMOUNT \$** _____

OFFICE USE ONLY

DATE ACCEPTEDED/DECLINED: _____

FARM PLACEMENT: _____

CONTACT PERSON: _____

TELEPHONE # _____

COMMENTS: _____

DATE FOAL PAPERS RECIVED: _____